Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	
	C C00580068
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Alexander Charlick	09 19 2016
Mailing Address 510 Sheridan Rd	Amount
Oit. Chate 7in Code	4204.00
City State Zip Code Evanston IL 60202-3185	1304.00 Transaction ID : VQZ6GA9SDW6
	Date of Disbursement or Obligation
Purpose of Expenditure payroll-field staff-IL Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District: 10
Brad Schneider Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 17403.23 Dis 20:	Sbursement For: Primary General Other (specify) Other
Full Name of Payee	Date of Public Distribution/Dissemination
David Cramer	M - M / D - D / Y - Y - Y
Mailing Address 1410 Richter Dr	09 19 2016
1410 Nonei Di	Amount
City State Zip Code	1307.41
Batavia IL 60510-9286	Transaction ID: VQZ6GA9RNQ7
Purpose of Expenditure Category/	Date of Disbursement or Obligation
payroll-field staff-IL Type	09 19 2016
Name of Federal Candidate Support Of	fice Sought: House District: 10
Brad Schneider Oppose	President Senate State:
Calendar Year-To-Date	sbursement For: Primary X General
	16 Other (specify) ▶
(a) CURTOTAL of Itemized Independent Evrenditures	2011
(a) SUBTOTAL of Itemized Independent Expenditures	2611.41
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Harry Pascal	M
[Electronically Filed] Date	09 20 2016
Signature	

Schedule E)	LIVI EXPEND	ITOTILO		PAGE 2 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Progressive Turnout Project				C00580068
Check if 24-hour report 🗶 48-hour report	X New rep	oort Amends repo	ort filed on	D D / Y D Y D Y
Full Name of Payee Morgan Dodson			Date of Public	Distribution/Dissemination
Mailing Address 228 Brown St			09	19 2016
			Amount	
City	State	Zip Code		591.51
lowa City	IA	52245-5800		D: VQZ6GA9RP73 rsement or Obligation
Purpose of Expenditure payroll-field staff-lowa		Category/ Type	09	19 / 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District: 01
Monica Vernon		Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	.,,	23383.82	Disbursement For: 2016 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Nicole Drechsel			09	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 826 Aspen Dr			Amount	
City	State	Zip Code		1278.70
Buffalo Grove	IL	60089-1315		: VQZ6GA9RNS2 rsement or Obligation
Purpose of Expenditure payroll-field staff-IL		Category/ Type	09	19 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District: 10
Brad Schneider		Oppose	President	Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	, , ,	17403.23	Disbursement For: 2016 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		· •	1870.21
(b) SUBTOTAL of Unitemized Independent Expe	enditures		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Harry Pascal	[Electron	nically Filed] Date	9 09 20	2016
Signature				

Schedule E)	HE3	PAGE 3 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project		C C00580068
Check if 24-hour report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Mitchell Eisenman	Da	tte of Public Distribution/Dissemination
Mailing Address 202 Cedar St	An	09 19 2016 nount
City State Zip	Code	616.82
•	461-2020 Tra	ansaction ID : VQZ6GA9RP81 tte of Disbursement or Obligation
Purpose of Expenditure payroll-field staff-lowa	ategory/ Type	09 19 / 2016
Name of Federal Candidate	✗ Support Office So	ught: 🗶 House District: 01
Monica Vernon		sident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2	3383.82 Disburser 2016	nent For:
Full Name of Payee Fabio Fernandez	Da	ate of Public Distribution/Dissemination
Mailing Address 507 Mollie Ave		09 / 19 / 2016
	Ar	nount
City State Zip	Code	1253.39
		nsaction ID : VQZ6GA9RNT0 ate of Disbursement or Obligation
Purpose of Expenditure payroll-field staff-IL	ategory/ Type	09 / 19 / 2016
Name of Federal Candidate	X Support Office So	ught: 🗶 House District:10
Brad Schneider	Oppose Pre	esident Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	7403.23 Disburser 2016	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures		1870.21
		7 1010.21
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures reposition, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Harry Pascal [Electronically	y Filed] Date 09	20 2016
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project		C C00580068
		O
Check if 24-hour report 48-hour report New report	Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Brett Foreman		09 19 2016
Mailing Address 17333 Birwood Ave		Amount
City State Zip C	Code	1666.64
Beverly Hills MI 4802	25-3247	Transaction ID : VQZ6GA9RPA7 Date of Disbursement or Obligation
Purpose of Expenditure payroll-field staff-lowa Cate	regory/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	✗ Support Office	Sought:
Monica Vernon	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 233	Disbu 2016	rsement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Evan Friesen		09 19 2016
Mailing Address 211 1st Ave SE		Amount
City State Zip C	Code	1299.89
	01-1113	Transaction ID : VQZ6GA9RPC3 Date of Disbursement or Obligation
Purpose of Expenditure payroll-field staff-lowa Cate	regory/ Type	M 09 / 19 / 2016
Name of Federal Candidate	✗ Support Office	Sought: Nouse District: 01
Monica Vernon	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 23	Disbu 2016	orsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	2966.53
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures repor with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Harry Pascal [Electronically I	Filed] Date 09	9 20 2016
Signature		

Schedule E)	LINDENT EXTEND	ITOTILO	PAGE 5 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project			C C00580068
Check if 24-hour report X 48-hou	r report New report	ort Amends repo	ort filed on
Full Name of Payee Julio Guzman			Date of Public Distribution/Dissemination
Mailing Address 12440 W Brooke Ave			09 19 2016 Amount
City	State	Zip Code	1253.39
Waukegan	IL	60087-4421	Transaction ID : VQZ6GA9RNW6 Date of Disbursement or Obligation
Purpose of Expenditure payroll-field staff-IL		Category/ Type	09 19 2016
Name of Federal Candidate		✗ Support	Office Sought: X House District: 10
Brad Schneider		Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	7	17403.23	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee Alex Headington	•		Date of Public Distribution/Dissemination
Mailing Address 712 E Seerley Blvd			09 19 2016
			Amount
City	State	Zip Code	1352.74
Cedar Falls	IA	50613-4246	Transaction ID : VQZ6GA9RPD0 Date of Disbursement or Obligation
Purpose of Expenditure payroll-field staff-lowa		Category/ Type	09 / 19 / 2016
Name of Federal Candidate		✗ Support	Office Sought: M House District: 01
Monica Vernon		Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	,	23383.82	Disbursement For: Primary General Other (specify) General
•			
(a) SUBTOTAL of Itemized Independen	t Expenditures		2606.13
(b) SUBTOTAL of Unitemized Independ	ent Expenditures		. •
(c) TOTAL Independent Expenditures			·
	any candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Harry Pascal	[Electron	ically Filed] Date	9 09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	DENT EXPEND	HONES	PAGE 6 OF 14 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	
Progressive Turnout Project			C C00580068	
Check if 24-hour report 48-hour report	rt New rep	port Amends repo	ort filed on	Y
Full Name of Payee Richard Hinton			Date of Public Distribution/Disseminatio	
Mailing Address 28810 Carmel Dr			09 19 2016 Amount	_
City	State	Zip Code	1253.39	П
Southfield	MI	48076-5504	Transaction ID : VQZ6GA9RNX4 Date of Disbursement or Obligation	_
Purpose of Expenditure payroll-field staff-IL		Category/ Type	09 / 19 / 2016	Y
Name of Federal Candidate		✗ Support	Office Sought: X House District: 10	0
Brad Schneider		Oppose	President Senate State:	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		17403.23	Disbursement For: Primary Sene 2016 Other (specify) ▶	əral ——
Full Name of Payee	-		Date of Public Distribution/Dissemination	n
Amanda Holpuch			09 / 19 / 2016	Y
Mailing Address 140 W Wood St			Amount	
City	State	Zip Code	1361.17	Ш
Palatine Purpose of Europediture	IL	60067-5066	Transaction ID : VQZ6GA9RNY2 Date of Disbursement or Obligation	
Purpose of Expenditure payroll taxes-field-IA		Category/ Type	09 / 19 / 2016	Υ
Name of Federal Candidate		x Support	Office Sought:	0
Brad Schneider		Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	,,,,	17403.23	Disbursement For: ☐ Primary X General Gener	eral
•				
(a) SUBTOTAL of Itemized Independent Expe	nditures		2614.56	Ш
(b) SUBTOTAL of Unitemized Independent Ex	penditures		. >	
(c) TOTAL Independent Expenditures			·· •	
	andidate or authorized		not made in cooperation, consultation, or concord either, or (if the reporting entity is not a politic	
Harry Pascal	[Electron	nically Filed] Date	e 09 20 2016	
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	II EXI END				AGE 7 OR SE OF FO	OF 14 ORM 24/48
NAME OF COMMITTEE (In Full)					ITIFICATION	
Progressive Turnout Project				C co	0580068	
Check if 24-hour report 48-hour report	New rep	ort Amends rep	port filed on	W = M /	D D / Y	YYY
Full Name of Payee Danielle Krull				M M /	istribution/Dis	/
Mailing Address 2022 Olive St			Amou	09 unt	19	2016
Apt 1						
City Cedar Falls	State IA	Zip Code 50613-3733			VQZ6GA9RI ment or Obli	
Purpose of Expenditure payroll-field staff-lowa		Category/ Type				2016
Name of Federal Candidate		Commont.	Office Court	h.i. V	Uawaa Dia	strict: 01
Monica Vernon		SupportOppose	Office Sough			strict: 01
Calendar Year-To-Date Per Election for Office Sought	, , ,	23383.82	Disbursement 2016	nt For: Other (specif	Primary fy) ▶	X General
Full Name of Payee Corey Lopez Mailing Address 3338 W Sunnyside Ave				09 /	istribution/Dis	ssemination 2016
City	State	Zip Code				1282.10
Chicago	IL	60625-5426			VQZ6GA9RN ement or Obli	Z0
Purpose of Expenditure payroll-field staff-IL		Category/ Type		M 09 /	19 /	2016
Name of Federal Candidate		✗ Support	Office Soug	ht:	House Dis	strict:10
Brad Schneider		Oppose	Presid	dent	Senate S	State:IL
Calendar Year-To-Date Per Election for Office Sought	7	17403.23	Disburseme 2016	nt For: Other (speci	Primary fy) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditure	'es		···· \	7	7	1898.92
(b) SUBTOTAL of Unitemized Independent Expendent	itures		-		7	
(c) TOTAL Independent Expenditures			···· \	-7-		1 10
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized					
Harry Pascal	[Electron	ically Filed] Da	te 09	20 /	2016	- Y
Signature						_

Schedule E)	NDENT EXPEND	ITORES	PAGE 8	OF 14 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICAT	
Progressive Turnout Project			C C00580068	
Check if 24-hour report 🗶 48-hour rep	port New rep	ort Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee Rachael Mayhew			Date of Public Distributio	/ Y = Y = Y = Y
Mailing Address 11208 Vale Rd			09 19 Amount	2016
City	State	Zip Code		1253.39
Oakton	VA	22124-1420	Transaction ID : VQZ6G Date of Disbursement or	A9RP31
Purpose of Expenditure payroll-field staff-IL		Category/ Type	M M / D D D 19	2016
Name of Federal Candidate		✗ Support	Office Sought: X House	District: 10
Brad Schneider		Oppose	President Senate	State: IL
Calendar Year-To-Date Per Election for Office Sought		17403.23	Disbursement For: Prima 2016 Other (specify) ▶	ry 🗶 General
Full Name of Payee			Date of Public Distribution	n/Dissemination
Marcus Meeks			09 / 19	2016
Mailing Address 1110 Doreen Ave			Amount	
Apt 11		7: 0 !		1045.50
City Waterloo	State IA	Zip Code 50701-3364	Transaction ID : VQZ6GA Date of Disbursement or	
Purpose of Expenditure payroll-field staff-lowa		Category/ Type	09 / 19	2016
Name of Federal Candidate		✗ Support	Office Sought: X House	District: 01
Monica Vernon		Oppose	President Senate	State:IA
Calendar Year-To-Date Per Election for Office Sought		23383.82	Disbursement For: ☐ Prima 2016 ☐ Other (specify) ▶ _	ry 🗶 General
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	2598.91
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Harry Pascal	[Electron	ically Filed] Date)16
Signature				

Schedule E)	LIVI EXI EIVE	TI OILE	⊢	PAGE 9 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Progressive Turnout Project			C	00580068
Check if 24-hour report × 48-hour report	✗ New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Andrew Miller			M = M /	Distribution/Dissemination
Mailing Address 207 Forest Ave			09 Amount	19 2016
City	State	Zip Code		1326.87
Waterloo	IA	50702-3626		D: VQZ6GA9RPK8 sement or Obligation
Purpose of Expenditure payroll-field staff-lowa		Category/ Type	09	19 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District: 01
Monica Vernon		Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	, , ,	23383.82	Disbursement For: 2016 Other (spe	Primary ✗ General cify) ▶
Full Name of Payee Amber Norman			Date of Public	Distribution/Dissemination
Mailing Address 2620 E Chestnut Expy			Amount	19 2010
City	State	Zip Code		1323.19
Springfield	МО	65802-2365		: VQZ6GA9RPN4 sement or Obligation
Purpose of Expenditure payroll-field staff-lowa		Category/ Type	09	19 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District: 01
Monica Vernon		Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	7	23383.82	Disbursement For: 2016 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures			2650.06
(b) SUBTOTAL of Unitemized Independent Exp	enditures			1 1 1 1 1 1
				7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Harry Pascal	[Electro	nically Filed] Date	09 / 20	2016
Signature				

Schedule E)	ENDENT EXICIO	TOTILO	PAGE 10 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project			C C00580068
Check if 24-hour report 🗶 48-hour	report New report	ort Amends repo	ort filed on
Full Name of Payee Steven Oaks			Date of Public Distribution/Dissemination
Mailing Address 1605 150th St			09 19 2016 Amount
O:h.	Chata	7:- Cada	102152
City Cameron	State IL	Zip Code 61423-9629	1274.57 Transaction ID : VQZ6GA9RPR7 Date of Disbursement or Obligation
Purpose of Expenditure payroll-field staff-lowa		Category/ Type	09 / 19 / 2016
Name of Federal Candidate		✗ Support	Office Sought: X House District: 01
Monica Vernon		Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	7	23383.82	Disbursement For: Primary ★ General 2016 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Paychex			09 19 2016
Mailing Address 911 Panorama Trl S			Amount
City	State	Zip Code	4184.28
Rochester	NY	14625-2311	Transaction ID : VQZ6GA9SM68 Date of Disbursement or Obligation
Purpose of Expenditure payroll taxes		Category/ Type	09 / 19 / Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought: M House District: 10
Brad Schneider		Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		17403.23	Disbursement For: Primary General 2016 Gther (specify) ▶
(a) CURTOTAL of the wine deleted an advantage			
(a) SUBTOTAL of Itemized Independent	Expenditures		5458.85
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		· ·
(c) TOTAL Independent Expenditures			
	iny candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Harry Pascal	[Electron	ically Filed] Date	e 09 20 2016
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	J. C	(DEIT! EX. E)	101120			AGE 11 OR SE OF FOR	OF 14 RM 24/48
NAME OF COMMITTEE						NTIFICATION N	
Progressive Tur	nout Project					0580068	TOMEZ.
Check if 24-hour re	eport 🗶 48-hour rep	port New repo	ort Amends repo		/ / / / / / / / / / / / / / / / / / /	D D / Y	Y Y Y Y
Full Name of Payee Paychex						istribution/Diss	
					09 /	19 / Y	2016
Mailing Address 91	1 Panorama Trl S			Amou	ınt		
City		State	Zip Code	$ \Gamma$			5381.27
Rochester		NY	14625-2311			VQZ6GA9SM ement or Obliga	92
Purpose of Expendi payroll taxes	ture		Category/ Type		09 /		2016
Name of Federal Ca	andidate		✗ Support	Office Sough	nt:	House Distr	rict: 01
Monica Vernon			Oppose	Preside			ate: IA
Calendar Year- Per Election fo	To-Date r Office Sought		23383.82	Disbursemen 2016	nt For:		X General
Full Name of Payee	<u> </u>					Distribution/Diss	emination
Scott Reimer					M = M /	D D / Y	TY TY TY
Mailing Address	702 Caledonia Pl			L	09	19	2016
	V			Amou	unt		
City		State	Zip Code				1454.38
Dubuque		IA	52001-6661	Transa Date	action ID:	VQZ6GÁ9RPS ement or Oblig	ation
Purpose of Expendi payroll-field staff-lo			Category/ Type		09 /	19 / Y	2016 Y
Name of Federal Ca	andidate		x Support	Office Sough	ht:	House Dist	rict: 01
Monica Vernon			Oppose	Presid	lent	Senate Sta	ate:IA
Calendar Year- Per Election fo	To-Date or Office Sought		23383.82	Disbursemer 2016	nt For:	Primary [ify) ▶	X General
(a) SUBTOTAL of Ite	mized Independent Exp	penditures		· •	-	6	8835.65
(b) SUBTOTAL of U	nitemized Independent I	Expenditures					
				_			
(c) TOTAL Independ	ent Expenditures			·· }			
with, or at the reques		dependent expenditures candidate or authorized ee or its agent.					
Harry Po	ıscal	[Electron	ically Filed] Date	e 09 /	20	2016	Y
Signature							_

Schedule E)	DENT EXPEND	ITONES		PAGE 12 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Progressive Turnout Project				C C00580068
Check if 24-hour report 🗶 48-hour repo	rt New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Matthew Sanford			Date of	Public Distribution/Dissemination
Mailing Address 1556 190th St				9 19 2016
1330 130(113)			Amount	
City	State	Zip Code		1251.26
New Hampton	IA	50659-9136		ction ID : VQZ6GA9RPV1 Disbursement or Obligation
Purpose of Expenditure payroll-field staff-lowa		Category/ Type	M	
Name of Federal Candidate		✗ Support	Office Sought:	✗ House District:01
Monica Vernon		Oppose	Presiden	t Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	7 7	23383.82	Disbursement 2016 Oth	For: Primary ✗ General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Rachel Stoddard				09 19 2016
Mailing Address 2189 Dawn Dr			Amount	
City	State	Zip Code		1307.89
Marion	IA	52302-9702		tion ID : VQZ6GA9RPX7 Disbursement or Obligation
Purpose of Expenditure payroll-field staff-lowa		Category/ Type		9 19 2016
Name of Federal Candidate		✗ Support	Office Sought:	₩ House District: 01
Monica Vernon		Oppose	Presider	senate State: IA
Calendar Year-To-Date Per Election for Office Sought		23383.82	Disbursement 2016 Oth	For: Primary X General ner (specify) ▶
(a) CURTOTAL of Hamizad Independent Eve	an ditura a			
(a) SUBTOTAL of Itemized Independent Expe	enaliures		•	2559.15
(b) SUBTOTAL of Unitemized Independent E	xpenditures		•	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 5
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	andidate or authorized			
Harry Pascal	[Electron	ically Filed] Date	09	20 2016
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	Fileduic E	FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
۲	rogressive Turnout Project	C C00580068				
Ch	eck if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Katharine Syms	09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 6055 Thorneycroft Dr	Amount				
	City State Zip Code	1251.26				
	Shelby Township MI 48316-4367	Transaction ID : VQZ6GA9RPZ3 Date of Disbursement or Obligation				
	Purpose of Expenditure payroll taxes-field-IA Category/ Type	09 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Offic	e Sought: X House District: 01				
	Monica Vernon Oppose	President Senate State: IA				
	Calcificati To Bate	ursement For: Primary X General				
	Per Election for Office Sought 23383.82 2016	Other (specify) ▶				
	Full Name of Payee Evelyn Vargas	Date of Public Distribution/Dissemination				
		09 19 2016				
	Mailing Address 2650 W Greenleaf Ave	Amount				
	City State Zip Code	1672.01				
	Chicago IL 60645-3291	Transaction ID : VQZ6GA9RP57 Date of Disbursement or Obligation				
	Purpose of Expenditure payroll-field staff-IL Category/ Type	09 / 19 / 2016				
	Name of Federal Candidate Support Office	e Sought: 🗶 House District: 10				
	Brad Schneider Oppose	President Senate State: IL				
	Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary X General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
		09 20 2016				
	Signature	20 2010				

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Schedule E)	LI LIIDLIII EXI LIID	ITONES		PAGE 14 OF 14 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼		
Progressive Turnout Project				C00580068		
Check if 24-hour report						
Full Name of Payee Angie Weiland			M = M /	Distribution/Dissemination		
Mailing Address 1414 L St SW			09 Amount	19 2016		
City	State	Zip Code		1323.19		
Cedar Rapids	IA	52404-2730		D: VQZ6GA9RQ76 ursement or Obligation		
Purpose of Expenditure payroll-field staff-lowa		Category/ Type	09	19 / 2016		
Name of Federal Candidate		✗ Support	Office Sought:	House District:01		
Monica Vernon		Oppose	President	Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought	1 1 1 1 1 1	23383.82	Disbursement For: 2016 Other (sp	Primary X General ecify) ▶		
Full Name of Payee			Date of Public	c Distribution/Dissemination		
Mailing Address			Amount			
City	State	Zip Code				
Purpose of Expenditure		Category/ Type	Date of Disbu	ursement or Obligation		
Name of Federal Candidate		Support	Office Sought:	House District:		
Calendar Year-To-Date Per Election for Office Sought	7		Disbursement For: Other (sp	Primary General		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures.)	40787.05		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Harry Pascal Signature	[Electron	nically Filed] Date	9 09 / 20	2016		